

MULTIPLE DEPENDENT CLAIMS PER CALCULATION SHEET (FOR USE WITH FORM ITC-375)						SERIAL NO.	FILING DATE				
APPLICANT(S)											
AS FILLED		AFTER TRANSFERRING		AFTER RE-ARRANGING		CLAIMS					
IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
1						51					
2						52					
3						53					
4						54					
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42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL						TOTAL					
IND.						IND.					
DEF.						DEF.					